

Texas **OSTEOPATHIC PHYSICIANS** *Journal*

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Volume 3

Dallas, Texas, March 1947

Number 6

The President's Message

J. Francis Brown, D.O.

When one takes an office he is always full of ideas that he thinks are major problems. I think this coming year should be divided into six main objectives.

FIRST:—Legislative problems.

This first and most important object we shall and must maintain the Texas Medical Practice Act. We have practiced under this act for over forty years now. We are not asking for any change but just want justice. We are at the present time being examined under the basic science subjects and see no reason why a new board should be set up creating additional expense for the tax-payer. Equal representation should be placed on any board that is administering the examinations. We oppose no system of healing but must protect the Medical Practice Act.

SECOND:—Public health.

We must at all times be interested in the public health of the great state of Texas. Equal representation on all boards should be secured. We should, have at least, representation on the Board of Health. We must co-operate with all the boards and public health offices to see that the public health of Texas is held on a high level.

THIRD—Our schools.

We must devote more time and help to our schools. Without our schools we will not be able to meet certain qualifications that are specified by the various states. Our schools have met the standards that we have set for them. We have asked for these improvements and they have met them. We are the ones that are responsible for our schools. Let each of us support our schools by sending in our help monthly, quarterly, semi-annually or annually. Pledges are fine but after all our schools cannot operate upon pledges. Be sure and take care of them.

FOURTH:—Vocational guidance.

We must keep the right kind of students in our schools. Interest students that you know can qualify for the standards that we have set up for them. Interest students that you will be proud to have carry on the osteopathic profession for you. A program is being set up here in our state. We are proud of the students that we have in our schools but we should have more.

FIFTH:—Our central office with an executive secretary.

You all expressed by your vote at the general assembly that we are ready for an Executive Secretary. It is remarkable that here in Texas we have come as far as we have. This is all due to one individual. He has done a remarkable job. We have arrived at a time when one individual should devote his full time to this job. Many things can be taken care of such as the better organization of our districts, correlation of our files with the AOA, public health activities, state affairs, etc., increasing of our membership and notification to each member as to the activities of our Osteopathic profession here in Texas. Let's locate this office where it will do the most good for all concerned, let no selfishness enter into it. We have started so let's have your comments as to the duties that you wish your organization and Executive Secretary to perform.

SIXTH:—Auxiliary to our profession.

Each district and city where there are a number of practicing osteopathic physicians should see that a Lady's Auxiliary is formed. Affiliating with the National Auxiliary is essential. Each osteopathic physician encourages the ones in the formation of an auxiliary for your district and city.

Your support and cooperation is asked at all times. The Texas Association of Osteopathic Physicians and Surgeons is your organization. Devote all of the time you can with your profession. It should come first with each of you. There are so many ways that each osteopath can devote his time to his profession, do it now.

The 47th Annual Post-Graduate Conference

The 47th Annual Post-Graduate Conference of the Texas Association was one of the most successful in the entire history of the Association. The registration was somewhat below that of the 1946 Conference, but what it lacked in numbers it made up in interest and enthusiasm, and Texas still maintains its place among the outstanding post-graduate conferences of the nation.

The Conference was formally opened Wednesday morning, April 2nd, when the Board of Trustees met in regular session, heard reports of the various committees, and transacted the business of the Association.

The President's reception and dinner dance at the Roof Garden of the Hotel Adolphus, the evening of April 3rd, was colorful and charming; tempting viands, sparkling nectar, and the mellow music of Ted Parrino and his orchestra. It was a most enjoyable affair, and Dr. Jack Crawford in charge of the banquet, Dr. N. W. Alexander in charge of the reception and Dr. Louis H. Logan in charge of the entertainment are to be commended for their splendid efforts in making it a complete success.

Thursday morning, April 3rd, The Osteopathic Principles and Technic Section presented an excellent program with Dr. Reginald Platt conducting a clinic in cranial lesion reflexes; Dr. Chester Farquharson lecturing on the intervertebral disc and Dr. C. R. Nelson demonstrating Osteopathic Mechanics.

The Texas Osteopathic Association of Ophthalmology and Otolaryngology had charge of the Eye, Ear, Nose and throat Section, Thursday morning and presented a most interesting program, under the direction of Dr. J. L. Porter.

Mastoid Disease.....	Dr. Edward C. Brann
Nasal Disease in Everyday Practice.....	Dr. Carl J. Wieland
Matters Concerning the Lingual Tonsil.....	Dr. George J. Luibel
Otitis Media.....	Dr. R. H. Peterson
Eye Conditions in Everyday Practice.....	Dr. F. F. Freeland
Laryngeal Disease.....	Dr. H. A. Beckwith
Turbinate Infections.....	Dr. J. L. Porter

Followed by a Round Table discussion and Question Period.

Thursday morning the Protological Section, under the direction of Dr. Robert H. Lorenz, Chairman, presented a program of great interest to specialists in this field.

Peuritis Ani.....	Dr. Marille E. Sparks
Internal Hemorrhoids.....	Dr. John L. Witt
Colored Film.....	Dr. Lester J. Vick

Meanwhile the Surgical Section under Dr. William S. Gribble Chairman, were engaged in a Round Table discussion of Surgical Diagnosis and a Question Period.

The lecturers presented in the professional sessions were splendid throughout and our Guest Speakers, Drs. Atterbury, Jones, Morhardt and Pearson were truly superb in the presentation of the subjects assigned.

At the General Assembly, Friday evening April 4th, considerable interest was manifested in the election of officers and the following selection was made for the coming year:

- Dr. J. Francis Brown, Amarillo, President.
- Dr. H. G. Grainger, Tyler, President-Elect.
- Dr. Keith S. Lowell, Clarendon, First Vice President
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- Dr. R. H. Peterson, Wichita Falls.
- Dr. George J. Luibel, Fort Worth.

Trustee One Year Term:

- Dr. Howard R. Coats, Tyler.

Delegates elected to the House of Delegates, 1947 Convention of the American Osteopathic Association, Chicago, Illinois, July 21 to 25 inclusive:

- Dr. H. G. Grainger, Tyler, President-Elect.
- Dr. Robert E. Morgan, Dallas.
- Dr. Phil. R. Russell, Fort Worth.
- Dr. J. Francis Brown.

Alternate Delegates:

- Dr. R. H. Peterson.
- Dr. Louis H. Logan.
- Dr. Robert B. Beyer.
- Dr. H. A. Beckwith.

This was by far the most successful meeting we have ever had from the standpoint of exhibitors; facilities were excellent, exhibits attractively displayed, and all participants more than pleased with the service afforded. Thanks are due to the following exhibitors for their courtesy and cooperation in contributing to the success of the 47th Annual Post-Graduate Conference:

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 Ortho Pharmaceutical Corporation, Raritan, New Jersey.
 Vacolite Dallas Company, Dallas.
 Dallas Surgical Supply Company, Dallas.
 The Coca-Cola Company of Dallas.

Friday morning the wives of the visiting physicians were royally entertained by the Dallas Auxiliary, including a sight-seeing trip through the Dallas residential district and luncheon at the Glenn Lakes Country Club.

Dr. J. R. Alexander is to be commended upon the splendid program that he and his co-workers presented; it was a flawless and perfectly balanced program throughout; and the lecturers brilliant and outstanding in their particular fields. The various Dallas committees rendered yeoman service throughout, under the able direction of Dr. H. L. Betzner, General Arrangements Chairman.

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Mechanical Effects of the Common Curves of the Spine on the Organs of Both the Thoracic and Abdominal Cavities

Wilbur Bohm, D.O.

Edwardsville, Illinois

To enable one to better understand the mechanical effects of the common abnormal curves of the spine on the organs of both the thoracic and abdominal cavities, it is necessary to understand what is the normal. Then one can visualize what the effects of the abnormal curvatures will have upon the contents of thorax and abdomen, and the viscera.

The lungs occupy a greater part of the thoracic cavity. The heart, oesophagus, and the aorta separate them. The base of each lung rests upon the diaphragm and its apex passes through the superior opening of the thorax just above the clavicle. Outside of the root of each lung, the lung lies free in the pleural cavity, which it completely fills.

Quoting from Gray's Anatomy¹, the following statement is made: From the collapsed state of the lungs as seen when the thorax is opened in the dead body, it would appear as if the viscera only partly filled the cavity, but during the life there is no vacant space, that which is seen after death being filled up by the expanded lungs.

This accentuates the detrimental effects due to abnormal curves, and the resulting deformities of the chest cavity. It means that the contents of the thorax are not in anatomical balance which, according to Stafford² is essential for perfect organic function. In case of kyphosis there is a lessening of the antero posterior diameter of the thorax. This is responsible for lack of full ventilation of the lungs, or in other words the deeper alveoli are not ventilated as they should be to insure good health. It seems reasonable to assume this lessening of the antero posterior diameter might cause impairment in the action of lungs, heart and diaphragm.

Gour³ even calls this particular type of thorax the phthisical thorax. The flat chest with prominent clavicles accompanied by other symptoms suggests pulmonary tuberculosis.

¹Henry Gray, *Gray's Anatomy*, p. 527. Lea & Febiger, Philadelphia.

²George T. Stafford, *Prevention and Corrective Physical Education*, p. 90, A. S. Barnes & Company, New York.

³Andrew Gour, *Therapeutics of Activity*, p. 277. Covici-McGee, Chicago. *The Journal of Osteopathy*, Vol. L, No. 10, October, 1943.

Abnormal Curves

An abnormal curve may develop during the period of adolescence. Since the abdominal organs which increase in size rapidly at this time exert a pull on their mesenteric attachments at the spine, the spinal column and head are pulled forward.

Stafford⁴ further states that "We must consider the body as a machine, and greater efficiency is possible if all parts of the machine are kept in perfect alignment than if not. If abnormal curves exist, perfect alignment of all parts is impossible."

Drew⁵ holds that all segments of the body should be in such relation to one another and to the center of gravity that they form a completely adjusted mechanism for the performance of efficient work and in this state the organs thus coordinated are in the most advantageous position for healthful functioning. This state is impossible with abnormal curvatures of the spinal column, since organs will be displaced through the pressure effects of the abnormal curves. Normally, the surfaces are so molded that they fit around one another to a nicety. Little pressure is necessary to change this situation since the organs are close together.

Spinal Column

The spine forms the basal column of the entire trunk. Where deformity exists it reacts on all of those bones that stand in relation with it. The greatest change is to be found in the ribs. On the side of the convexity of the scoliosis, they will be separated from each other, while on the side of the concavity they become compressed. The posterior extremities of the ribs on the side of the convexity will be quite flexed, while the opposite will be the case with the ribs on the side of the concavity. In a right dorsal scoliosis, there is a bulging out of the right side of the chest. The half of the chest on the convex side of the scoliosis will be diminished in all its dimensions, while the half of the chest on the concave side will be enlarged. In these cases the attendant symptoms according to Wide⁶ are shortness of breath, disordered circulation and intercostal neuralgia. So in case of scoliosis, the pleural and abdominal cavities as well become distorted and displacement of the contents of the respective cavities results as a consequence. In some cases Lovett⁷ has found the pleural cavity on the side of the convexity of the scoliosis so narrow that the inner

⁴George T. Stafford, *op. cit.* p. 90.

⁵Lillian Curtis Drew, *Individual Gymnastics*, p. 170, Les & Febiger, Philadelphia.

⁶Anders Wide, *Medical and Orthopedic Gymnastics*, p. 316. Funk & Wagnalls, New York.

⁷Robert W. Lovett, *Lateral Curvature of the Spine and Round Shoulders*, p. 95. P. Blakiston's Son & Co., Philadelphia.

surface of the ribs are found lying close to the vertebral column. According to Bachmann's statistics, as quoted by Lovett⁸, those suffering from scoliosis are predisposed to pneumonia and pulmonary tuberculosis.

Secondary Changes

The amount of narrowing of the cavities would govern the secondary changes in the contained organs. The oesophagus has a tendency to deviate in the direction of the concavity of the curve, but as a rule its form and course are but little changed.

On account of restricted space the abdominal contents are pressed downward and forward, and affected also by the proximation of the chest and the lateral displacement of the vertebral column. This downward pressure causes the intestines to be crowded into the true pelvis. Lovett⁹ tells of a case of lateral displacement of the thorax causing the transverse colon to become almost vertical.

Scoliosis

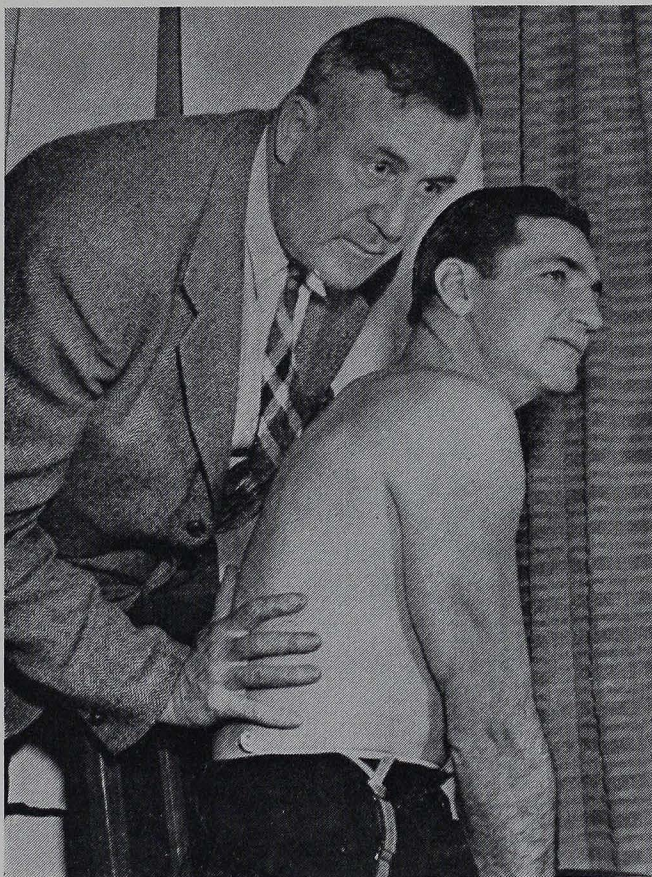
A scoliosis in the lower dorsal region with the convexity to the right causes the liver to be pushed to the left, and the pressure of the ribs may cause indentation of the liver on the right side. In cases of scoliosis, the kidneys oftentimes are displaced, and a floating kidney is a result. Likewise, alternation in position of the pancreas, spleen, and stomach also result from the same abnormality.

In a case of lordosis, the muscles of the lower back are shortened and the abdominal muscles are elongated. This continued strain on the interior abdominal wall causes the muscles in the anterior abdominal wall to weaken, and the viscera will drop as a result.

The forcing of the contents of the abdomen downward has its deleterious effect upon the contents of the pelvis. Malposition of the uterus, with pathology of its appendages, the rectum and bladder as well have resulted. The badly distorted pelvis which is found in some of the severe cases of structural scoliosis affects its contents.

It is only reasonable to conclude that there is almost no limit to the disturbance of function of the organs and of the nerves which may be traced to this source.

⁸Bachmann, Robert W. Lovett, *Lateral Curvature of the Spine and Round Shoulders*, p. 95.
P. Blakiston's Son & Co., Philadelphia
⁹Livett, *op. cit.*, p. 95.



Dr. "Bill" and "Slinging Sammy Baugh" of the Washington Redskins

guard on the All Southern Interscholastic Foot Ball Team while at Castle Heights. While attending the Missouri Military Academy he became a member of the Missouri Athletic Club Track Team of St. Louis, competing in the 16 lb. shot put, discus, 16 lb. hammer and 56 lb. weight throws. While a member of the Missouri Athletic Association Track Team he won a National A.U.U. Championship in the discus throw.

After graduating from Castle Heights, he attended the University of Idaho for one year, and was a letter man in football and track. After his freshman year at the University of Idaho he decided to study Osteopathy. matriculated at Kirksville, but after completing the first 3 years he served for 1 year in World War I, after which he returned and graduated in the 4 year course from the American School of Osteopathy. While a student at Kirksville he won letters in football and track; winning first place in the shot put and discus throw for two consecutive years in the Big Six Conference

Dr. Wilbur Bohm, known to all sport lovers as "Bill" was born and raised in Edwardsville, Illinois. After completing his grade school education he attended St. Charles and the Missouri Military Academies, and entered Castle Heights School in his senior year and graduated from this institution.

In preparatory school he won letters in football, basketball, baseball and track. He was chosen as

Track and Field Championships, establishing a new world discus throw record, and as the sole representative of the American School of Osteopathy won third place in the meet; the Universities of Missouri and Nebraska finishing first and second respectively. While at Kirksville he also competed for the Illinois Athletic Club of Chicago. After graduation he served an internship in the Bay Osteopathic Clinic of Oakland, California.

In 1926 he joined the Faculty of the State College of Washington at Pullman, and took on various duties in the Department of Physical Education and Athletics, including serving as director of Corrective Physical Education, Athletic Trainer and Assistant Track Coach for 17 years. During his tenure with Washington State he also served as member of the Basic Science Examination Committee; President of the National Athletic Trainers Association and Editor of the "Journal of the National Athletic Trainers Association," and assisted in the training of athletes competing in the Olympic Games held in Los Angeles and Berlin.

During and since the time spent at the State College of Washington, he has appeared on Osteopathic, Physical Education and Athletic Association programs, as well as contributed articles to various publications in the same fields. He edited and had his book "Research and Writings on Training, Conditioning, Treatment of Athletic Injuries and Corrective Work," published in 1941, and is now engaged in revising the same and hopes to have the second edition published in the near future.

Since 1943 during the football season he has served as Trainer of the Washington Redskins Professional Football Team. In 1946 he spent the Spring Training Season with the Washington 'Senators' Baseball Club. During the months of January and February 1947, he was on the Faculty of the Joe Stripps School of Baseball in Orlando, Florida. Just before the St. Louis 'Cardinals' broke Spring Training Camp, in St. Petersburg, Florida, Dr. Harrison J. Weaver, who has looked after the various ailments of the 'Cardinals' for over 20 years, discovered that he could not make the return trip to St. Louis with the World's Champions, so he asked "Bill" to "pinch hit" for him in the exhibition games that included series with the Houston 'Buffalos' and Dallas 'Rebels' of the Texas League.

Mongolian Idiocy

Patrick D. Philben, D.O.

Mongolism or Mongolian Idiocy derives its name from the fact that the features of the child resemble those of a Mongol. Other than this the name is a complete misnomer inasmuch as this is the only characteristic of a Mongol. As a matter of fact it is of interest to note that the condition is more frequent among the white race than any other, although some have been reported in the red and yellow races. **Griffith and Nelson** report that perhaps twenty percent of all cases of idiocy are of this type.

The etiology of Mongolism is unknown, but various theories have been advanced, the latest being that mothers who have had measles during the first trimester of pregnancy may have such an infant. This may or may not have some basis in fact, but certainly does not account for the remaining cases. It is thought by some to be caused by a great difference in ages of parents giving rise to senility of the ovum or spermatozoon, but cases have been reported where the child was the first born of young healthy parents. It has been observed that Mongolism occurs at times when gestation occurs after a long period of sterility and that during the pregnancy there was uterine bleeding during the first few months. The thought has been advanced that frequent abortion and miscarriages occur if the product of conception is to be a Mongol. Some believe that hypothyroidism and other systemic conditions may be etiological factors. Statistics show that it is extremely rare for there to be repetition of Mongolism in a family, so rare that it is safe to tell the mother of such an infant to have no fear regarding future pregnancies. In forty-five percent of the cases where the Mongol is the first child it remained the only child. Whether this is due to a fear complex on the part of parents or whether sterility actually occurs is a matter of conjecture. Other etiological causes or contributing factors have been considered, but none offers a complete solution of the problem.

The diagnosis of the condition during the first few months should be delayed inasmuch as some perfectly normal infants have mongoloid faces. This is perhaps due to the fact that the epicanthis fetalis is normally present at birth and disappears at about two to three months. The eyes themselves are short and have the characteristic tilt due to the epicanthic fold. Later the eyelids become thickened and the child is prone to develop chronically inflamed eyelids with short sparsish lashes. Cataracts are common as are nysagmus and strabismus. The circumference of the head is normal at birth, but shows little growth during the first six months of life. Its appearance is round and the face is slightly shortened with the bridge of the nose flattened. The anterior

fontanelle is usually wide and the sutures open as in a hydrocephalic. This delay in the closure of the fontanelle and the sutures is thought to be due to insufficient bone growth. The ears are frequently malformed in these cases, and the child may develop ears that are lopped, pointed or abnormally small. The mouth is frequently dry and cracked with the characteristic scrotal fissuring of the tongue which commonly protrudes in infancy. This protrusion is also observed in Cretinism, but in that case the tongue protrudes because it is too large while in the Mongol it protrudes because the mouth is too small. The voice is deep, low-pitched and raucous, and sinus development is lacking. The teeth are retarded in eruption, are smaller than normal, and crowded, but for some reason caries are absent, but inflammatory changes in the gum tissue are common. The back is usually short and broad and because the occiput is commonly flat the normal cervical curve is not present. The trunk appears abnormally long, but this is due to the shortness of the extremities. The abdomen is pear shaped with hypotonicity of the musculature often accompanied by umbilical and ventral herniation. The pelvis is small and infantile in nature. Fifty percent of the males suffer from cryptorchism, and if the testes are descended, they are very small with a short infantile penis. In infancy the labia of the majora of the female is oversized and the minora undersized, but in older Mongols the labia minora and the clitoris protrude. Menses are irregular. The breasts are small at first, but with age they become hypertrophic.

The hand of the Mongol is short, fat and in sixty percent of the cases the little finger is curved inward with a rudimentary middle phalanx. The rest of the fingers are also short with extremely short distal phalanges. The normal child or adult has two lines extended across the palmar surface of the hand neither of which is complete, but in Mongolism one line completely traverses the palm. The feet of these children are short and there is often webbing of the toes with a gap between the great toe and the rest of the foot. The hair is long, fine, soft and silky in contrast to the dry coarse hair which is always black in the thyroid Cretin. Twenty-five percent of the cases suffer from congenital heart anomalies.

The growth cycle of the Mongol is erratic with period of progress alternating with periods of complete cessation of skeletal and structural improvements. At the age of eighteen the individual has the appearance of a nine or ten year old. These children require close attention from a nutritive standpoint as they lose weight rapidly and gain it back with difficulty. Their thermal centers are poorly developed and in the presence of infection which they develop readily the temperature is out of proportion to the severity of the illness. Muscle development is good in appearance, but they are asthenic, listless and mechanically weak, frequently being double-jointed as it were. This possibly accounts for the characteristic "frog position" in infancy.

In regards to mental development it may be said generally that they are infants for the first ten years of life. Fortunately a happy disposition exists, the child being cheerful, seldom crying, full of affection and tenderness. Stubbornness is often seen, but is due to the fact that the mental inaptitude of the child makes it difficult for him to shift his thoughts from one object or subject to another. Sitting up is delayed usually for a year or more, and speech lags far behind walking. The senses are obviously disturbed since vision is poor, olfaction is poor because of constant rhinitis, consciousness of cold and heat is dull, but there is usually fondness of music indicating that hearing is fairly acute.

To our knowledge a Mongol has never become a sex problem as are many other types of idiots, which is important to a family not wishing institutional care for their child. It is possible to care for them in a home since they do better in kindly hands and are seldom involved in any trouble. They can later be taught to do simple things such as errands and are wonderful mimics which must not be confused with mental progress. Life expectancy is about fifteen years, but seventy-five percent of those who do live die of tuberculosis. They seem to be extremely susceptible to all types of infection and require constant observation during slight illnesses and careful supportive attention during their entire lifetime. Medical treatment may be said to be relatively inadequate, but some authorities show that some benefit has been derived from thyroid medication in suitable cases and pituitary extracts in some cases.

PDP:L

The Truth, but not the **WHOLE TRUTH**

L. V. Cradit, D.O.

The above title is in reference to the attitude of the Potter County Medical Society concerning the now pending Basic Science Bill which has been introduced in the Texas Legislature at the request of the Texas Medical Association, and the paid advertisement which appeared in the Amarillo News-Globe February 23, 1947 under the caption, "Here is the Truth about the Basic Science Bill." This nearly full page ad. appeared over the name, "Potter County Medical Society."

The advertisement quotes the bill in full and states that it appears "in order to clear up any misunderstanding about provisions of the Proposed Basic Science Law." Following the body of the bill is a paragraph entitled, "What this bill means to you." This is the Medical Society's explanation of the bill and, among other things, it claims, "This bill does not discriminate in favor of or against medical doctors, osteopathic doctors, chiropractors, or naturopaths. All alike are required to be high school graduates, and to possess a 75

per cent passing knowledge in the six basic sciences: anatomy, physiology, chemistry, bacteriology, pathology, hygiene, and public health. **What could be more fair?"** The last five words were emphasized.

The above quotation certainly sounds fair, but it doesn't explain that all medical and osteopathic graduates, who have taken the examinations of the Texas State Board of Medical Examiners for the last 40 years, have taken these subjects as part of the complete examination. This would make it appear that the Texas Medical Society concludes that the present board is inefficient in giving an examination in these subjects and the State will require a new board or a Basic Science Board to conduct these examinations.

It doesn't explain that during this 40 year period the present Medical Act defines the practice of Medicine as including the care and treatment by any school of practice of the healing art, such as medical doctors, osteopathic doctors, chiropractors, or anyone belonging to any school of healing. It requires graduates of all branches of the healing art to meet the requirements of the Medical Practice Act and take the examinations required by that law. It provided for any form of the healing art that might develop later.

The term "Practice of Medicine" under the present Medical Practice Act was interpreted as the practice of any form of the healing art. This interpretation has been sustained by decisions of the Texas and United States Supreme Courts, and is thus considered a valid law. The osteopathic school of practice has been included in these interpretations and is thus considered a school of practice and a form of the healing art, therefore, it is the practice of medicine, under the broad sense of the word medicine, and the osteopathic physician is practicing medicine under this meaning, whether he does manipulation, adjustment, delivers babies, does surgery, fits glasses, or prescribes drugs, etc. This interpretation of the law covers the Medical Doctor's form of practice in exactly like manner and there is no distinction between the two schools of practice under the law.

The Basic Science Bill does not change the status of the medical doctor or the osteopathic doctor. It merely requires them to take an extra examination before an extra board. It would also require chiropractors and naturopaths to take this examination. This sounds fair—very fair—until one has an understanding of other bills that have been introduced in this Legislature by the Texas Medical Society. These bills are as follows:

Senate Bill 29 which would give the State Board of Health, which is headed by a Medical Doctor, a strangle hold on small hospitals and clinics. Since there are about 30 small osteopathic hospitals in the State, it would place them at the mercy of the Medical Organization, and could be dictatorial.

Senate Bill 115—which sets up a new board of Medical Examiners.—Whereas the present Medical Examiners Board is composed of 9 M.D.'s and 3 osteopathic physicians the new board would be composed of 6 M.D.'s. There would be no osteopathic representation on this new board.

The Texas Constitution, Art. 16, Sec. 31 states:

"The legislature may pass laws prescribing the qualifications of practitioners of medicine in this State, and to punish persons for malpractice, but no preference shall be given by law to any school of medicine." Remember, the osteopathic school has been ruled a school of medicine.

Senate Bill 115 would re-define the Practice of Medicine to be "one who publicly professes to be a physician or surgeon and shall treat, or offer to treat, diagnose, or offer to diagnose, any disease or disorder, mental or physical, or any physical deformity or injury by any method or to effect cures thereof." It would define a reputable physician as one "who would be eligible for examination by the Texas State Board of Medical Examiners under the provisions of this act."

It would define a reputable medical school as follows: "No school of medicine shall be deemed reputable unless and until it shall be so classified by the board." (By "board" is meant the proposed new medical board of 6 M.D.'s which this act would set up.)

Therefore, this new board would have the power to declare that an osteopathic college was not a reputable Medical College, and its graduates could not be admitted for examination, and it follows that an osteopathic graduate could not be classified as a reputable physician. He could not call himself a physician or surgeon and could not practice medicine or surgery in any form. This would mean that he could only call himself an "osteopath" and not even use the word "Doctor". If he did he would be guilty of practicing medicine.

Section 12 of this bill provides for exemptions and exempts dentists, optometrists, nurses, chiroprodists, masseurs, and registered pharmacists "not pretending to be physicians." It exempts Christian Scientists to this extent "that all those so ministering or offering to minister to the sick or suffering by prayer shall refrain from maintaining offices, except for the purpose of exercising the principles, tenets, or teachings of the church of which they are bona fide members". This makes it doubtful that a Christian Science practitioner could maintain an office.

The only other exemptions are "chiropractors, who publicly profess to be chiropractors and confine their practice strictly to the principles and methods of chiropractic as the same may be hereafter defined and authorized by law", and "osteopaths who publicly profess to be osteopaths and confine their prac-

tice strictly to osteopathy as the same may be hereafter defined and authorized by law."

Why does this bill single out Christian Scientists, chiropractors, and osteopathic physicians? Why should the chiropractic and osteopathic schools of practice be defined at some future time, except to limit their scope of teaching and practice? Why not define these systems now and incorporate them in this bill so that the legislators will know now what they are voting for?

The Osteopathic school or system of practice was originated by Dr. A. T. Still, a medical doctor, and the first osteopathic college was chartered by the State of Missouri in 1892. This charter did not limit the osteopathic concept or practice to manipulation or adjustment of the spine and other tissues. It was comprehensive and gave the college the right to teach all of the subjects that were taught in other medical colleges of that period and to grant the M.D. degree if it were desired. It recognized a system of practice not limited to manipulation alone. Since 1907 the State of Texas, by its Medical Practice Act, has given the osteopathic school of practice the same general recognition, and has expected its graduates to be qualified as general physicians capable of handling the usual conditions that any other doctors handle.

The osteopathic professions has progressed with the times. It has developed specialists, major surgeons, X-ray and laboratory men, and its general practitioners are in many instances the only physicians in some of the rural areas. It has opened numerous small hospitals in the State and has and is rendering a service that a portion of the population of this State depends upon and still wishes to have available.

Section 12 of the bill says in effect that the new Medical Board would have the power to say that the M. D. is the only "reputable physician and surgeon," the only one who could be called a doctor, the only one who could diagnose, treat, or prescribe for sick people, and that any other school of practice attempting to do so would be guilty of practicing medicine. It would change the broad meaning of the word medicine as defined by the Constitution of Texas and upheld by the Supreme Courts of Texas and the United States to the narrow meaning of the treatment and care of the sick by M.D.'s and their methods only. It would create a monopoly by the M. D.'s of Texas. Do you want such a monopoly in our State? If not, ask your senator and representative to oppose the Basic Science Bill and Senate Bill 115.

This is the rest of the truth and the whole truth about the Basic Science Bill.

1947 Objectives For District One

L. V. Cradit, D.O. President

Teamwork and concerted effort to have every D. O. in our district a member of the District, State, and National organizations.

The district organization hopes to function for the professional benefit of each and every D. O. in the territory through the programs held in connection with the quarterly meetings and other forms of mutual aid, we can all render. We should all be members. Urge the D. O. near you who is not now a member to join up. This goes for the Texas State Association, too. Our state organization, through the efforts of several important committees, is rendering an invaluable service to every D. O. in the state and deserves the support of these same men, which can best be shown by active membership in our organizations. Five hundred active members are bound to have more weight and get more accomplished than half that number.

The A. O. A. is looking after our interests in National affairs and most efficiently, and I believe we are getting very worthwhile returns for our National dues. Let's urge every D. O. in the district to line up with the A. O. A. We must support our own professional organizations and help improve our profession. Certainly, no one else will do it for us.

th Student recruiting is essential to the growth of our profession and we must each do his part along this line. Nearly all the members of this district have been included on the student recruiting committee. Please work at it. Write the A. O. A. for suitable literature to use in this important work.

Support of the over-all fund for our colleges is the most important thing we can do at this time. We must keep our colleges functioning. It will take some of your cold cash and some of mine to do the job. Give what you can afford to this fund or to the college and do it **this** year. Be ready to support your state legislative committee when asked and do it promptly. We must fight our battles. Our opponents won't help us. Don't help them by expecting the "other fellow" in our profession to carry the load. It is as much yours and you'll be a bigger and better man by carrying your part.

I believe every member in our district should make it clear to the public that he is an Osteopathic Physician and Surgeon and not simply use the word or title, "Dr." Let the people know what kind of a doctor you are. The Chiro, the Optometrist, the "doctor of doctors," and a dozen others call themselves "Dr." I believe our profession deserves the dignity of its members designating their degree, and showing their professional standing in the approved manner. We can't expect the support of the public if that

same public can't identify us and our profession. Let's not be afraid of using "Osteopathic Physician and Surgeon." The ethics of our association provides for this situation.

On Wednesday, March 26, the Auxiliary of the Tarrant County Osteopathic Association entertained the Dallas County Auxiliary with luncheon at the Stovall Tea Room, 2300 Hemphill Street. Mrs. Jack Crawford of Dallas, State President, was the guest of honor. Welcoming members of the profession who have recently come to Texas from other States the theme of the day was "The Voice of Texas." Mrs. M. S. Miller, President of the Tarrant County Auxiliary presided. The invocation was given by Sam L. Scothorn of Dallas, and Mrs. Ray Fisher of Fort Worth delivered an address of welcome to which Mrs. H. L. Betzner of Dallas responded. Mrs. Horace M. Walker of Fort Worth presented a program of her own and a medley of Texas tunes was rendered by Mrs. Ruth Campbell of Fort Worth.



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Dr. Wiley O. Jones was the principal speaker at the Marlin Rotary Club luncheon, April 9. Presented as a classification discourse Dr. Jones addressed the Club on the subject of "Osteopathy as a Profession," and made an excellent talk, ending with a splendid tribute to Dr. Andrew Taylor Still and the stalwart pioneers of the profession who builded so wisely and so well.

New Monoplane Is Purchased by Local Doctor

The sparkling new high-wing silver monoplane Victoria residents may have seen over the city Sunday is the property of Dr. D. M. Mills, local osteopathic physician and aviation enthusiast.

Dr. Mills, who obtained his private pilot's license around five years ago and has been a leader in Civil Air Patrol and National Aeronautic Association activities in this community, went to Wichita, Kansas, and flew the new two-place Cessna "140" home, arriving here late Saturday afternoon. The plane is one of the latest models and is equipped with a full complement of the most modern flight instruments.

Since learning to fly, Dr. Mills has made three flights cross country to his home in Rapid City, South Dakota, and recently took his 84-year-old grandmother for her first plane flight.—The Victoria (Texas) Advocate, March 10, 1947.

The Texas Osteopathic Society of Ophthalmology and Otolaryngology presented a most interesting program, Tuesday morning, April 3, at Parlor 'B,' Hotel Adolphus. Dr. J. L. Porter was program chairman and the following topics were discussed:

Mastoid Disease.....	Dr. Edward C. Brann
Nasal Disease in Everyday Practice.....	Dr. Carl J. Wieland
Matters Concerning the Lingual Tonsil.....	Dr. George J. Luibel
Otitis Media.....	Dr. R. H. Peterson
Eye Conditions in Everyday Practice.....	Dr. F. Fred Freeland
Laryngeal Diseases.....	Dr. H. A. Beckwith

Turbinate Infections.....Dr. J. L. Porter

Question Period.

The following officers were elected for the ensuing year:

PRESIDENT

Dr. Harold A. Beckwith.....San Antonio

VICE-PRESIDENT

Dr. Carl J. Wieland.....Austin

SECRETARY-TREASURER

Dr. J. L. Porter.....Dallas

DIRECTORS

Dr. Edward C. Brann.....Dallas

Dr. R. H. Peterson.....Wichita Falls

Dr. George J. Luibel.....Fort Worth

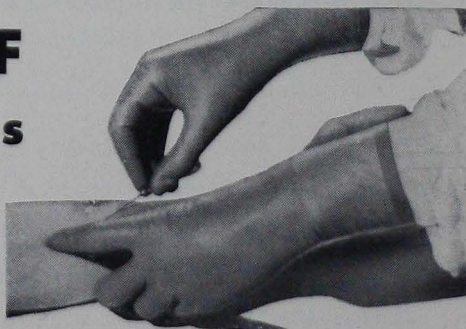
Dr. F. Fred Freeland.....Dallas

Dr. L. V. Cradit.....Amarillo

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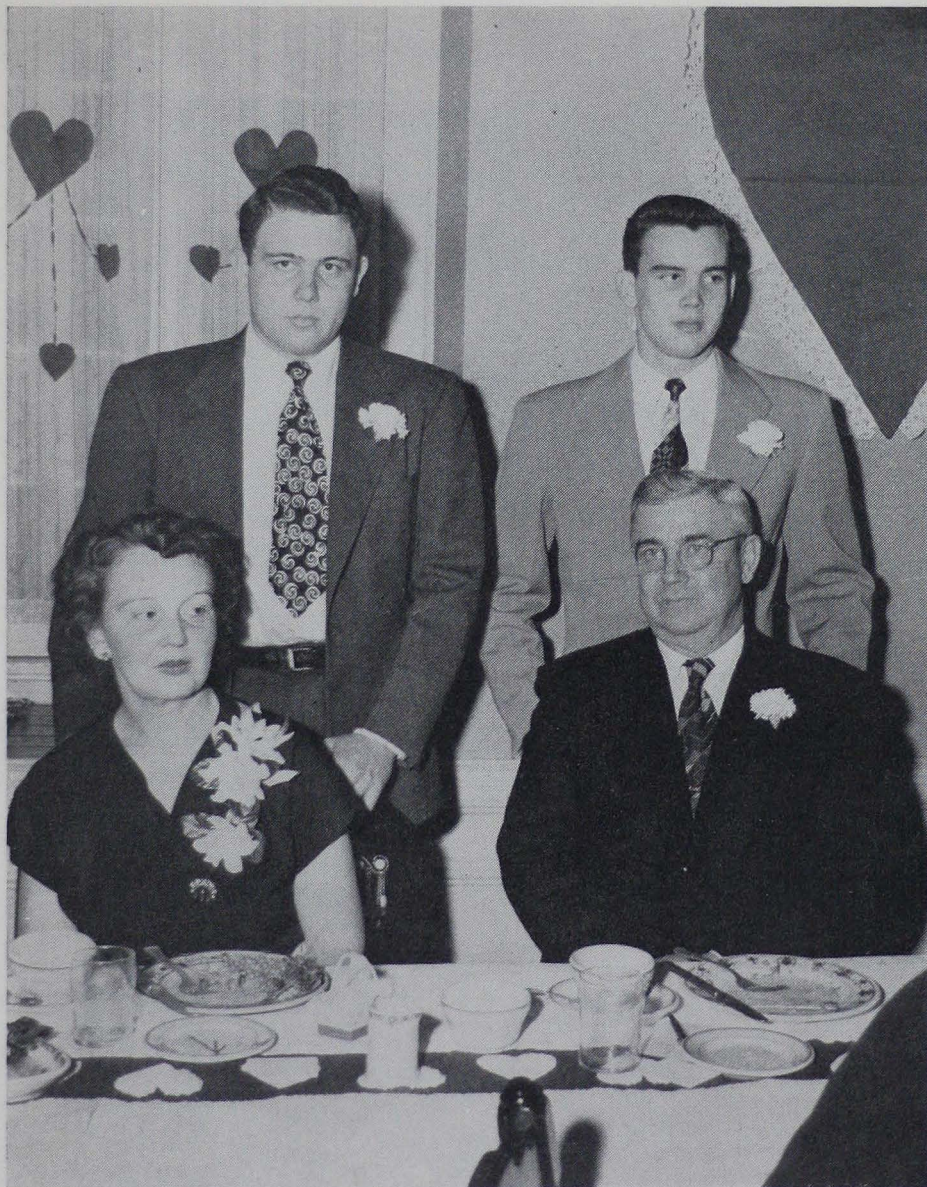
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FORT WORTH, TEXAS



The Morgans.

Mrs. Morgan.

Robert

Dr. Robert Ellis Morgan.

Sam.

Photo taken at the Testimonial Dinner tendered Dr. and Mrs. Morgan by the Dallas County Osteopathic Association, Hotel Stoneleigh, Dallas, February 3, 1947.



Dr. Margaret Jones, Mrs. Helen M. Malloch and Dr. J. Francis Brown
exchange a few words of wit and wisdom.

The Osteopathic profession of Texas was greatly honored in that Mrs. Helen M. Malloch, Associate Editor of the 'Osteopathic Magazine' attended the 1947 Post-Graduate Conference in Dallas. Mrs. Malloch also attended the National Federation of Press Women, which met in Fort Worth, for a three days session, April 9 to 12. Mrs. Malloch is a most charming and cultured lady, widely traveled, a shrewd student of psychology, and sensitively responsive to the issues confronting the osteopathic profession. Due in a great measure to her capable direction the 'Osteopathic Magazine' was selected the outstanding Association Magazine of the year, and granted the Industrial Editors Association Award for 1947.

"May In Texas"

Mrs. Horace M. Walker

When the Artist painted the rainbow,
There were bits of color left o'er;
So He gave them to Spring, to bring to the earth,
To make the desert flower.
I have seen the place where Spring was sent,
To spill her colors gay;
On Texas prairies in May.

The Texas Osteopathic Auxiliary met Friday evening at the Hotel Adolphus for the annual business session and election of officers. The following officers were elected for the ensuing year: Mrs. M. S. Miller, Fort Worth, president; Mrs. Lewis N. Pittman, Borger, President-elect; Mrs. Lige C. Edwards, San Antonio, first vice-president; Mrs. George J. Luibel, Fort Worth, secretary-treasurer.

The Southeast Texas Osteopathic Association held their first quarterly meeting of 1947 in Galveston, Texas, at the Buccaneer Hotel, March 2.

Dr. A. L. Garrison of Port Arthur, president, presided. Dr. William V. Durden of Port Neches, program chairman, gave a talk on the "Do's and Don'ts of Office Practice"; Dr. W. H. Sorenson gave a talk on the "Preparation and Technique of Tonsilectomies"; Dr. J. R. Alexander outlined the program for the coming annual state meeting to be held in Dallas this April. Dr. J. J. Choate gave a report of the trustees meeting regarding recent legislation.

The Association agreed to support a full page ad in the Texas Monthly Journal for the remainder of the year. It was voted to hold the next quarterly meeting in Houston the first Sunday in June.

The Osteopathic profession of Texas was shocked by the passing of Dr. John E. Hammond of Fort Worth, who died suddenly of a heart attack, March 22, at his home on Bomar Avenue. Dr. Hammond was born in McKinney, April 26, 1903, the son of Thomas S. and Pauline R. Hammond. He graduated from the McKinney High School and entered Southern Methodist University; completed his pre-medical studies and graduated from the Kirksville College of Osteopathy and Surgery in 1928. For fifteen years he practiced his profession in Abilene, where he was active in the Abilene Little Theatre and other civic affairs. August 24, 1942, he entered the United States Navy as a Pharmacist's Mate and served for three years in the South Atlantic theatre of war, and was discharged July 14, 1945. After his discharge he resumed the practice of osteopathy, being associated with Dr. Thomas L. Ray of Fort Worth.

Dr. Hammond was a member of the A. T. O. Fraternity and of the Phi Sigma Gamma osteopathic fraternity. He was married to the former Jaunita Anderson of Abilene, August 5, 1943 at Abilene.

He is survived by his wife, his mother, Mrs. S. T. Hammond, three sisters, Mrs. Dwight L. Williams, Mrs. Clyde Bennett, and Mrs. Dan Barfield, all of Fort Worth, and a brother, R. T. Hammond, of McKinney.

Funeral services were held in Fort Worth, March 24, members of the profession from that city and vicinity serving as pall bearers.

We congratulate the following osteopathic physicians upon their licensure by the Texas State Board of Medical Examiners, under date of March 31, 1947.

Dr. John Moss Auten.
Dr. Joseph George Barker.
Dr. Robert Joe Brune.
Dr. James Donald Costin.
Dr. Willard Miel Hesse.
Dr. Ralph A. O. Kull.
Dr. Stuart Glover MacKenzie.
Dr. James Harold Miles.
Dr. Harry Lee Myers.
Dr. Craigie Rice Packer.
Dr. Chester Charles Summers.
Dr. Lester I. Tavel.

The many friends of Dr. James L. Holloway, veteran osteopathic physician of Dallas, will be glad to learn that he has returned to his home, 3817 Gillion Avenue, Dallas, and is convalescing satisfactorily after spending several

weeks in a local hospital. During his illness Dr. Holloway was visited by his son, Rear Admiral James L. Holloway, Jr., superintendent of the United States Naval Academy, who flew from Annapolis, Md., and by his daughter, Mrs. Reuben Neece, now visiting in California, who flew from Los Angeles.

The Texas Public and Professional Welfare Fund

That the splendid sum of \$860.00 was raised in less than 15 minutes by the 80 osteopathic physicians present at the General Assembly of the Texas Association of Osteopathic Physicians and Surgeons, was most gratifying to Dr. Sam L. Scothorn, chairman of the Texas Public and Professional Welfare Committee, as this was his last official act as chairman of this important committee.

Dr. Scothorn expressed himself as very happy that President Brown concurred in his suggestion and appointed Dr. Morgan to carry on the Public and Professional Welfare program in Texas. We quote from a recent letter by Dr. Morgan to Dr. Scothorn in which he said, in part: "I have had the pleasure of working with you in various capacities for more than 20 years, and I believe that your last years work as chairman of the Texas Public and Professional Welfare Committee has been the most outstanding of your career of long and valued service to the profession. I appreciate very much the help you have extended me from time to time, in all matters, throughout the years, and I want to thank you, at this time, for the encouragement you gave me when I was undecided as to my course in life, and I have always been glad that I took your advice and studied osteopathy."

Dr. Morgan, as chairman of the Texas Public and Professional Welfare Committee, urges all members of the profession in Texas who have not contributed to the Public and Professional Welfare Fund to kindly do so at once; mailing checks to his office, 1137 Liberty Bank Building, Dallas.



Dr. Lige C. Edwards, president of the Texas Osteopathic Hospital Association, confers with Dr. Willis L. Crews, secretary-treasurer, relative to hospital affairs.

The Texas Osteopathic Hospital Association engaged in an all-day session Wednesday, April 2, at the Hotel Adolphus. Business of great importance to the Association was transacted and the following officers were elected for the ensuing year.

Dr. Lige C. Edwards, San Antonio.....	President
Dr. E. E. Blackwood, Comanche.....	President-Elect
Dr. Willis C. Crews, Gonzales.....	Secretary-Treasurer

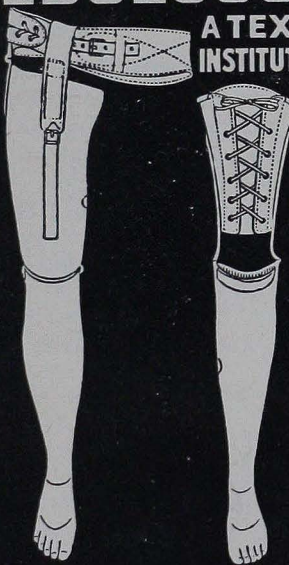
DIRECTORS

Dr. Boyd D. Henry.....	Corpus Christi
Dr. Sam F. Sparks.....	Dallas
Dr. Russell L. Martin.....	Mount Pleasant

Dr. Everett W. Wilson was recently elected president of the San Antonio Rotary Club. This club has a membership of over 350 members and is one of the largest and most flourishing in the Southwest. We congratulate Dr. Wilson upon this merited recognition.

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Dr. Ray G. Hurlburt, age 61, editor and director of statistics and information of the American Osteopathic Association, passed away at his home, 915 Pleasant Street, Oak Park, Ill., last night (April 15) after a four months' illness.

Dr. Hurlburt was born September 3, 1885, at Plainview, Nebraska, attended high school at Taylor, Nebraska, and the School of Agriculture at Lincoln, Nebraska. Previous to taking up the study of osteopathy, he worked for the *Clarion*, Taylor, Nebraska, West Point, Nebraska, and since 1915 on *The Journal of Osteopathy*, Kirksville, Mo. He graduated from the American School of Osteopathy, Kirksville, Mo., in 1920, and soon after became editor of the *Journal of Osteopathy*, Kirksville, Mo., which position he held for four years.

In 1924 he joined the staff of the American Osteopathic Association, first as Director of Publicity, then as Director of Statistics and Information. In 1931 he became editor of the publications of the American Osteopathic Association which included *The Journal of the American Osteopathic Association*, the scientific publication, *The Forum of Osteopathy*, *Osteopathic Magazine*, and *Osteopathic Health*.

He was the author of many booklets and vocational guidance literature on osteopathy. Notable among his writings was a series of articles on the "Trend Toward Osteopathy." Also he contributed material on osteopathy to many nationally known dictionaries and encyclopedias.

He was a member of the Atlas Club. In 1931 he was awarded the Certificate of Honor by Sigma Sigma Phi, osteopathic honorary fraternity. He was a member of the American Osteopathic Association, the Illinois, Chicago, and West Suburban Osteopathic Associations. In 1938 he organized and was the first president of the Association of Osteopathic Publications.

An ardent church member, Dr. Hurlburt rarely missed teaching his Sunday School class at the First Congregational Church of Oak Park. His hobbies were genealogy and philately.

Dr. Hurlburt is survived by his widow, Mrs. Emma Hurlburt, two brothers, Mr. Rufus Hurlburt of Thunderhawk, South Dakota, and Mr. Dorwin Hurlburt of Anaheim, Calif., and sister, Mrs. Otto Meeuwesen, Lemon, South Dakota, a son, Rev. Dayton Hurlburt, Director of Missions, Berea College, Berea, Kentucky, a daughter, Mrs. Ruth Hamilton of Oak Park and an adopted daughter, May Virginia Hurlburt, of Oak Park.

Funeral services will be Friday 2:30 p. m. at the First Congregational Church, Oak Park. Interment will be in family cemetery near Albany, Wisconsin.

The Scope of Osteopathic Therapy

Perrin T. Wilson, D.O.

The general public has a tendency to think of Osteopathy as a specialty. As a matter of fact, a well trained Osteopathic Physician is the best equipped general practitioner available.

The reputation I have is that I am a ten-fingered Osteopath and some of the younger men are amazed at the scope of acute work I cover. The basis of all of my therapy is strictly Osteopathic. Each case gets the best Osteopathic care I am capable of giving. Whatever other modality I use is, in my mind, merely an adjunctive procedure. The interesting thing is that my patients feel as I do. For example, I recently treated a case of threatened diabetic coma complicated with paroxysmal tachycardia. I applied Osteopathic therapy three times the first day, twice the second day, and once a day for five more days. The patient told a friend: "Nobody but an Osteopathic physician could pull a person out like that." To her way of thinking, the Insulin, the Diitalis and the Quinidine which I used to help were just incidental, and it was. As a matter of fact, I felt that they would have been superfluous if I had known enough about Osteopathic therapy to apply it just right.

On the same day I treated a case of gall stone colic in a man who was 72 years old. I was fortunate enough to apply Osteopathy just right in this case, and the next day eight gall stones were recovered by enema. The fact that I gave the patient one-quarter of a grain of morphine in order to stop him thrashing all over the bed long enough to treat him Osteopathically was, in his mind, a very minor part of the treatment. He knew, and I knew, the second the stones dropped from the bile duct into the intestines. The fact that the stools had been white for the three days previous to the attack, and that the day after I passed the stones for him, the stools returned to normal color is proof enough of the effectiveness of the treatment. The stones clinched the diagnosis.

This winter I was called to one of the best medical hospitals in Boston. A man 85 years of age had been hiccoughing for five days in spite of every known medical device to stop him. I worked an hour the first night, hoping to have the good luck of stopping the attack. Although he didn't stop then, he was better each day after the treatment and did stop after the sixth day.

I could make a long history of a case of cancer that turned to Osteopathy when the metastasis ate off the odontoid process of the axis and caused great pain. For five months I cared for the poor soul and used medication only once. That was when she broke her leg trying to walk to the bathroom. Then I used a half grain of morphine and waited for the pain to subside until I could lift

her on to the bed. She died a few weeks later—always so grateful for what Osteopathy had done for her.

Acute pulmonary edema, streptococcic sore throat, influenza, diverticulitis, asthma, tic, ad infinitum—all receiving Osteopathic therapy, and many of these cases having nothing else, gives you the idea that Osteopathy is to be used in every case—and so it is.

What is disease but perverted physiology, and what is Osteopathic therapy but an attempt to restore normal physiology by the skilful use of the physician's own hands?

Officers of the District Associations of the Texas Association of Osteopathic Physicians and Surgeons, Inc.

DISTRICT 1

Dr. L. V. Cradit, Amarillo	President
Dr. John H. Chandler, Amarillo	President-Elect
Dr. William R. Ballard, Pampa	Vice-President
Dr. G. Welton Gress, Amarillo	Secretary-Treasurer
Dr. Edward M. Whitacre, Lubbock	Chairman P & P W Committee
Dr. G. Welton Gress, Amarillo	Co-Chairman

DISTRICT 2

Dr. R. H. Peterson, Wichita Falls	President
Dr. H. L. Betzner, Dallas	President-Elect
Dr. H. M. Walker, Fort Worth	First Vice-President and Program Chairman
Dr. Henry A. Spivey, Denison	Secretary-Treasurer
Dr. H. M. Walker, Fort Worth	Chairman P. & P. W. Committee

DISTRICT 3

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Dr. John S. Turner, Canton	Vice-President
Dr. Milton V. Gafney	Secretary-Treasurer
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Dr. George Gail Smith, Dublin	Vice-President
Dr. Wiley Rountree, San Angelo	Secretary
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DISTRICT 5

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Dr. Nelson E. Dunn, Mart	Vice-President
Dr. Wiley O. Jones, Marlin	Secretary
Dr. Wiley O. Jones, Marlin	Chairman P. & P. W. Committee

DISTRICT 6

Dr. A. L. Garrison, Port Arthur	President
Dr. W. V. Durden, Port Neches	Vice-President
Dr. C. Homer Wilson, Houston	Secretary-Treasurer
Dr. Edward S. Gardiner, Houston	Chairman P. & P. W. Committee
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